

Predoctoral Residency
Psychology

2003-2004

Department of Veterans Affairs
Medical Center
Dayton, Ohio

Inquiries and application materials should be addressed to:

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National Matching Service Program Code: 5121

Accredited by the American Psychological Association
Committee of Accreditation
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OVERVIEW

The Department of Veterans Affairs (DVA) Medical Center, Dayton, Ohio offers a full-time, one-year, funded predoctoral psychology residency to doctoral students enrolled in American Psychological Association (APA) accredited clinical and counseling psychology programs. Our psychology residency program is accredited by the APA.

The origin of the Dayton DVA Medical Center dates back to March 3, 1865, when President Abraham Lincoln signed into law an act of congress establishing the National Home for Disabled Volunteer Soldiers to care for disabled veterans of the Union Army. Dayton, Ohio, was one of three original sites selected. Originally, the grounds consisted of 355 acres west of the city of Dayton. Lakes, surrounded by paths and scenic walks, provided a suitable atmosphere for relaxation and rehabilitation. A 250 acre farm provided much of the produce used by the residents. By the turn of the century, Dayton was the largest facility in the National Soldiers Home system. During 1930, when the Veterans Administration was formed, the National Soldier's Home system was discontinued and incorporated into the new organization. During 1989, the Veterans Administration was made a cabinet level organization and the title was changed to the Department of Veterans Affairs.

RESIDENCY TRAINING PROGRAM PHILOSOPHY

We believe the residency year is crucial in the transition of the individual from student to professional. We encourage the development of a professional identity, professional values, and a professional demeanor along with competence in the practice of psychology. We encourage individual professional responsibility while recognizing the importance of communicating and sharing responsibility with other professionals. Residents are encouraged to be innovative and creative in their problem solving endeavors while using well established principles, techniques, and procedures as a basis for their professional activities.

Title

We use the title of Psychology Resident in order to be consistent with titles used in the organization. Also, two other accredited programs in the immediate area use the same title. The title is equivalent to the more frequently used title of Psychology Intern.

Model

The Residency Training Program is based on the Vail (Practitioner-Scholar) Model. Within the context of the practice of psychology, the mutually interdependent roles of science and practice are recognized. The Practitioner-Scholar Model is applied within a public service setting. The Vail Model is consistent with the tripartite mission of the DVA: Patient care, education/training, and research.

Mission

We take pride in our profession and in the training of residents to become psychologists. We recognize the special responsibilities associated with the training of residents. The purpose of the residency program is to establish and maintain an environment that maximizes the potential for professional development in each psychology resident.

Approach to Training

The residency program utilizes a programmatic approach to training. With a programmatic approach, residents enter an ongoing patient care system and perform the duties of a psychologist. Within the context of a programmatic approach, the apprenticeship approach is utilized to varying degrees. Variation is due to specific needs of each resident and the tasks being learned. Within the guidelines, rules, regulations, laws, standards of care, and models that govern our professional behavior, training is individualized in order to meet the professional needs of each resident. There is a proactive dialogue among all relevant parties that begins before, and continues throughout, the residency year.

Goals

The residency program is designed to provide a broad predoctoral training experience that forms a sound basis for a professional career. The focus is on the acquisition and expansion of clinical skills, the development of professional roles, and the development of professional identity. The expectation is that by the end of the training year, a resident will be able to function competently (i.e., entry level practice or better) in the core skills of assessment, therapy, and consultation. General skills are emphasized. Within the context of a sound professional development plan, the development of specialist skills is supported.

Objectives/Competencies

The overall goal of the residency program is for each resident to be fully prepared for entry level practice. Entry level practice is defined as being fully prepared to begin the required period of supervision prior to licensure. It is the equivalent to a GS-11 psychologist in the DVA. The following specific objectives/competencies are identified to insure entry level proficiency at the end of the residency. Proficiency is a demonstration of competence as determined by training supervisor and the Psychology Training Committee (PTC).

Completion of the residency is conditional upon a resident meeting the objectives stated in the training manual. No partial credit is granted regarding the residency. Successful completion of the residency is an all-or-none decision.

Ethical/Professional Issues

Ethical/Professional issues is a collective term that includes many behaviors inherent in the role of psychologist. Many do not fit easily into well defined categories. Residents are required to demonstrate proficiency in the practice of the behaviors. Some examples are:

- Observance of the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct, and Department of Veterans Affairs rules, regulations, and laws as well as other documents that govern our professional behavior.
- Ability to engage effectively in the various processes involved in a residency.
- Dependable professional demeanor consistent with the practice of psychology.
- The ability to monitor one's professional behavior along with the provision of unimpaired psychological services.
- Ability to understand the nature of his or her behavior within the context of each rotation.
- Knowledge of one's personal and professional strengths and limitations along with the recognition of the need to seek assistance or refer.
- Ability to recognize and deal with personal and professional issues in a constructive manner: e.g., use of supervision.
- Awareness of the nature of the impact of one's professional behavior.
- Appreciation for the power inherent in one's position relative others.
- Management of time.

Assessment

Types and Numbers

Psychologists perform a variety of assessments. With the exception of Neuropsychology, each resident is required to demonstrate competence with the types of assessments involved in a given rotation. The expectation is that by the end of the residency year, each resident will have completed approximately 25 assessment reports. At the beginning of the residency year, it is important to plan experiences so that there is variety in the nature of the assessments: Objective, projective, intellectual, achievement, interview, etc.

Referral Question

All assessments involve a referral question (i.e., purpose). Each resident is required to demonstrate proficiency in understanding and explaining the nature of each referral question. If the nature of the referral question is not clear, the resident must clarify it with the referral source.

Procedures

Selection of Procedures. For any given referral question, a variety of assessment procedures are possible. It is important to select the types and numbers of procedures that provide meaningful information. Each resident is required to become familiar with the concept of incremental validity and be able to apply it to actual situations.

Record Review. In most cases, medical records will be available. Each resident is required to be familiar with medical records along with usual and customary medical terminology.

Interview. Each resident is required to demonstrate competence in interviewing techniques: Mental status, open ended questions, content related to the referral question, etc.

Test Administration and Scoring. Actual test procedures utilized will depend upon the nature of the referral question and the rotation. Each resident is required to demonstrate proficiency in administration and scoring of tests.

Interpretation of the Data

Each resident is required to demonstrate competence in interpreting data in a reasonable manner relative to the referral question.

Written Report

All assessments require written documentation designed to meet the needs of the consumer - sometimes multiple consumers. Each resident is required to demonstrate proficiency in writing clear, cogent reports that involves the integration of data in a coherent manner.

Feedback

The provision of feedback in a manner that a consumer can understand is a necessary professional skill. Also, in many cases, feedback to the referral sources is indicated as well. Each resident is required to demonstrate proficiency.

Interventions

Types and Numbers

Psychologists perform a variety of therapies. Each resident is required to demonstrate competence with the types of therapies required for a given rotation. At the beginning of the residency year, it is important to plan well to insure some variety in the types of therapy and patients treated.

Procedures.

Conceptualization/Theoretical Orientation. A wide variety of conceptualizations and/or theoretical orientations are considered acceptable in the practice of psychology. Each resident is required to articulate a conceptualization for each intervention.

Modality. A fairly wide variety of treatment modalities are recognized in the practice of psychology. Each resident is required to demonstrate proficiency in the selection of a treatment modality that is appropriate to a given case. There is an expectation that some emphasis will be placed on intervention techniques that have some degree of verified effectiveness.

Treatment Planning. The development of specific, attainable goals is important in therapy. Each resident is expected to be able to identify functional, measurable goals for each therapy case.

Process. Interventions are complex interpersonal processes. Each resident is expected to demonstrate proficiency with those processes relative to each rotation. The enumeration of all therapeutic processes is beyond the scope of this manual. Some examples follow:

- Personal and professional knowledge of self along with an awareness of one's impact on the therapeutic process.
- The establishment and maintenance of feedback mechanisms utilized during the therapeutic process.
- Identifying and processing one's own emotions as part of the therapeutic process.
- Awareness of cause and effect relationships between one's behavior and change in a patient.
- Ability to predict the consequences of one's specific intervention, comment, or behavior.
- Timing of a specific intervention, comment, or behavior.
- Awareness of boundaries with a given patient.
- The presentation of clear and consistent messages to a given patient along with the avoidance of mixed or inconsistent messages.
- Recognition when therapy has been completed or has become counterproductive.
- Awareness of and ability to articulate when and how a relationship is therapeutic or not therapeutic in nature.

Termination. There are various, acceptable reasons for termination of a case. Each resident is required to demonstrate the ability to terminate cases appropriately.

Documentation of Assessments and Interventions

Training in documentation requirements is accomplished as part of each rotation. Also, as part of the orientation to Psychology Service, each resident is given a manual that explains forms, etc. and is trained in their use.

Diversity

Each resident is expected to demonstrate competence in providing psychological services to individuals from diverse backgrounds: Different ethnic histories, gender issues, sexual orientation issues, disabilities, unique experiences of veterans, etc.

Science and Practice (Use of Research)

The residency training program has a practice focus. However, research influences practice and practice influences science. Each resident is required to demonstrate an ability to use research data and apply it to practice by one or both of the following:

- Completing a literature search on a specific subject and applying the knowledge during the rotation.
- Reading current literature on a subject related to a rotation and applying the knowledge.

The utilization of published research is an integral part of each rotation.

ROTATION FORMAT AND ASSIGNMENT

The basic rotation structure is three four month rotations with each resident spending one day per week in the Mental Health Clinic. Any group of three rotations plus the Mental Health Clinic is consistent with our philosophy. The one day per week in the Mental Health Clinic does not preclude a four month rotation in Mental Health. In other words, one may do both. Selection of rotations begins with the application process. After Uniform Notification Day, the Director of Training (DOT) will interact with the new residents several times to discuss plans. Hence, by the beginning of the residency year, the PTC can review the plan for each resident immediately.

After considerable debate, the PTC decided on a 6-2-4 arrangement for individuals who have a well organized professional development plan that includes emphasis or specialization. The decision is made on a case by case basis and we anticipate meeting such requests. However, matches are made on the 3-4 structure. It is relevant to note that, despite the myths or beliefs, there is no six month requirement in order to be qualified for a post doctoral position.

The Dayton Department of Veterans Affairs Medical Center continues to undergo some organizational changes. We anticipate that all training experiences described in the brochure will remain intact. However, the exact structure of some rotations may be changed secondary to organizational changes.

ROTATIONS

Geropsychology

The Geropsychology rotation incorporates a variety of clinical work with an inpatient elderly population. Geropsychological services are provided to multiple units on the medical center campus including: the hospice/palliative care unit, the nursing home care units, and the secured geriatric/dementia unit. The rotation offers the resident a wide variety of assessment, intervention, and consultative experiences involving the care and treatment of geriatric patients within the context of an interdisciplinary team approach. Specific resident activities will be determined by resident-supervisor goals, resident's interests and prior level of training, as well as rotation competency requirements. Previous geropsychology and neuropsychology experience, however, is in no way a prerequisite for this rotation. Examples of resident activities include: individual, family, and group therapy; psychological/emotional and cognitive evaluations; behavior management assessment, planning, and implementation; and attendance at family meetings with the team. In addition to providing these clinical services, the resident will learn how to respond to consults and provide pertinent oral and written feedback to staff, as well as patients and families. The rotation presents a unique opportunity for the resident to acquire an appreciation of issues impacting our aging population, such as dementia, delirium, cognitive assessments, death and dying, psychology and spirituality, adjustment to physical and mental decline, and elder psychiatric conditions. The acquisition of this knowledge could stem from multiple sources including weekly didactics with the rotation supervisor, VA sponsored seminars, readings, interactions with experienced interdisciplinary team members, and clinical work. In addition to fulfilling clinical

responsibilities, the resident is expected to complete a rotation “project” (i.e. read 3 books on death and dying provided by supervisor, keep a journal reflecting on hospice experience, turn in brief paper at end of rotation), complete assigned readings, and attend scheduled supervision meetings. Supervisor: Dr. Nicole Best.

Health Psychology / Medical Primary Care

The rotation in medical primary care / health psychology emphasizes the provision of psychological services in the four medical primary care firms at the medical center. Such services include assessment of patients referred for a variety of issues, most commonly depression, anxiety, substance abuse, nonadherence, adjustment to medical conditions/disabilities, psychological factors impacting the medical presentation, and stress management. Interventions offered to primary care patients typically include brief, time-limited treatments as well as psychoeducational activities, such as health education groups. The resident has the opportunity to become involved with a primary health care team consisting of physicians, nurses, a psychologist, a dietician, a social worker, a pharmacist, and administrative associates.

Psychologists assigned to health psychology at the medical center provide a range of other services. These include programs for chronic pain management, weight management, and problems in sexual dysfunction. Consultation services are provided to specialty clinics and inpatient wards, including cardiology, infectious disease, neurology, oncology, surgery, and rehabilitation. Health psychology is responsible for conducting evaluations of transplant candidates.

While many of the resident's training activities and responsibilities are established as part of the rotation program, the rotation contains flexibility to address a resident's specific interests and needs. The overriding goal of the rotation is to develop the professional skills of the resident so that he or she will be able to provide general health psychology services in a primary care medical setting. Supervisors: Dr. Jesse Burgard, Dr. Fred Peterson, and Dr. Ramon Verdager.

Mental Health Primary Care

Mental Health Primary Care is an integration of several mental health services: outpatient mental health, inpatient mental health, emergency room, and extended care. The rotation is designed to offer a variety of clinical experiences in several different venues. Experiences include individual therapy, group therapy, marital therapy, assessment, and consultation within a multidisciplinary team. A resident is expected to develop levels of competence in psychopathology, assessment, interventions, diagnosis, and consultation along with coordination of treatment with other areas such as neurology, psychiatry, primary care medicine, chronic pain, and the nursing home.

Each resident spends one day per week in the outpatient mental health setting. In addition, there are three four month rotation options that differ in their emphases. There is an inpatient rotation in with emphasis on assessment and rapid stabilization along with consultation to the emergency room. Supervisor: Dr. Rebecca Graham. The second is the general outpatient setting synonymous with the one day per week structure. Supervisors: Dr. Dennis Johnson and Dr. Emanuel Papadakis. The third is a combination of the general outpatient setting and domiciliary residential patients. Supervisor: Dr.

Bruce Harrison.

Neuropsychology

The focus of clinical neuropsychology is on the assessment of brain-behavior relationships. The relationships are examined through a variety of measures utilizing a flexible procedure approach. The examination findings assist in identifying the etiology, brain region, and extent of impaired cognitive processes along with well preserved abilities. Examinations are requested from disciplines across the spectrum of medical center service lines. Patients who are referred for evaluation have a variety of potential sources of cognitive impairments: Substance abuse, trauma, vascular accidents, infectious diseases, degenerative diseases, psychiatric illnesses, neurodevelopmental disorders, etc.

Core rotation goals of direct supervision include: (1) to administer, score, and interpret a variety of neuropsychological instruments, (2) to write clear, internally consistent reports that directly address referral concerns, (3) to provide useful, oral feedback to referral sources and patients, (4) to increase knowledge of neuroanatomy, its functional correlates, and neuropathological conditions, and (5) to assist in preparation for possible post-doctoral training.

Additional learning experiences are obtained through attendance at monthly didactics, periodic contact with Radiology staff for head CT Scan readings, brain cuttings (usually monthly) with Neurology Staff, quarterly peer review presentations, recommended readings, and Dayton Neurological Society presentations.

There are no specific prerequisites other than, in general, the Division 40 Guidelines. Supervisor: Dr. R. L. Stegman.

Polysubstance Rehabilitation Program

The Polysubstance Rehabilitation Program (PRP) is a multidisciplinary team approach to polysubstance abuse and dependency. A variety of disciplines are integrated into the treatment process: psychiatry, psychology, social work, substance abuse counseling, nursing, chaplain services, vocational rehabilitation, dietetics, and recreation. The program is structured to encourage participation and cooperation among the veteran and the staff in the process of recovery. The program includes both outpatient and inpatient services.

The psychologist serves as an integral member of the team, provides psychological assessments to assist in the individualized treatment planning of each patient, is available to staff as a consultant, and provides a variety of individual and group interventions. Residents can expect to function in a similar capacity. Supervisor: Dr. Sundra Shorter.

Post-Traumatic Stress Disorder Residential Rehabilitation Program

The Post-Traumatic Stress Disorder Residential Rehabilitation Program (PRRP) is a 15-bed,

domiciliary based program under the direction of Psychology Service. The PRRP is designed to provide state of the art diagnostic assessment and treatment of veterans exposed to traumatic stress. This program treats PTSD resulting from a variety of traumatic events and is not limited to war zone related stress. The program is divided into three phases. The phases include mental health therapeutic modalities, incentive therapy and community reentry. The therapeutic modalities include, but are not limited to, the following: crisis intervention, Trauma Group, Life Span Group, Stress and Anger Management Group, community projects, Gestalt Group, individual psychotherapy, Family Education Seminar, meditation, and relapse prevention. Theoretical approaches used include: Eriksonian, Cognitive Behavioral, Gestalt, Systemic, and Eastern approaches to meditation.

On this rotation, a resident functions as a member of the treatment team. One can expect to gain experience in the assessment of Post Traumatic Stress Disorder and in the implementation of the various treatment modalities used on the Unit. An resident can also expect exposure to the administrative issues involved in directing a treatment program. Supervisor: Dr. Arthur Aaronson.

ADDITIONAL TRAINING EXPERIENCES

Training Seminars

There are three psychology residency programs in the Dayton, Ohio area: Wright State University School of Professional Psychology, Wright-Patterson AFB, and Dayton DVA Medical Center. The latter two program collaborate with “core” seminars and others. The frequency of the meetings varies depending upon content and the availability of guest speakers.

Research

Several of the psychologists are involved in active research programs. Within the context of a well designed training program, residents may become involved in ongoing research or develop their own project.

ADDITIONAL TRAINING SUPPORT

Computer Support

The medical center utilizes workstations as part of the Computerized Patient Record System (CPRS) in the form of Listman (SmarTerm) and Graphic User Interface (GUI). Access to the system is available in virtually every office in the medical center. The full range of data is available on a given patient along with the ability to enter data electronically. The Mental Health System application software package provides administration and scoring of 47 psychological tests and 24 structured interviews to assist with assessing a variety of aspects of biopsychosocial functioning. There is a center-wide electronic mail system which facilitates effective interpersonal, intra-service, and inter-service communication. Also, the system supports the MicroSoft Word, Excel, and Power Point.

We maintain three Personal Computers. One of these PCs is reserved for testing applications, including administration and scoring programs for a number of objective and projective psychological tests. A second PC runs the service's biofeedback equipment, and the third is used for general applications including word-processing, database management, graphics programs, computer assisted cognitive therapy, and a variety of other applications. All are available for resident use.

Testing Laboratory

We maintains and regularly update an extensive selection of testing and assessment materials, including objective and projective personality tests, vocational assessment instruments, and neuropsychological assessment instruments. Residents are encouraged to become familiar with the use, administration, and interpretation of a variety of these instruments.

Library

The Health Sciences Library houses many volumes of professional books and subscribes to over 300 professional journals, including numerous psychology journals. Residents can complete database searches using Medline, ClinPsych, CINAHL (Nursing Database), PsychInfo, AIDSline, and the Health Information Management System, among others. Library staff are available to assist with these searches or complete more extensive searches and will obtain copies of requested references not available in our library. The library also has extensive collections of audio, video and microfiche holdings.

Medical Media Service

The Medical Media Service is available to assist the hospital staff with a variety of services including photographic, graphic art (including computerized graphics), and video production services. Psychology staff frequently use Medical Media for developing poster presentations, slide shows for education and training, and artwork.

Professional Development

Residents may request time off to attend professional presentations, conferences, workshops, and organizational meetings that are consistent with their professional development plans. Reasonable requests for time to complete academic requirements, including dissertation work, are recognized. Residents are also encouraged to make use of the many educational presentations within the hospital and local medical and academic community, including Medical Grand Rounds, Neuropsychiatry Grand Rounds, Residents' Forum, and Psychiatry Grand Rounds.

APPLICATION

Eligibility

Applicants must be U.S. citizens enrolled in APA-accredited programs in clinical or counseling psychology. Prospective applicants must be sufficiently advanced in their degree program that it is reasonable to expect the completion of the Ph.D. or Psy.D. degree near the completion of the residency year. The Dayton VAMC maintains a policy of equal employment opportunity in resident recruitment and selection.

Appointment and Benefits

Residents are hired for a one year appointment for the purpose of training. The residency will begin on or about September 1, 2001 and end on or about August 31, 2002. The total number of hours is 2,080 to include holidays, annual leave, and sick leave. The pay is \$18,500 for the year to be paid in equal installments over 26 bi-weekly pay periods. The official appointment as a Psychology Resident is contingent upon successful completion of current practica and courses along with the continued professional conduct consistent with the practice of psychology. Also, as a federal employee, there is a possibility of a drug screen and/or background check.

Application Procedures

We use the uniform application and add a sheet unique to our residency program. The additional sheet is included with this brochure. We adhere to the Association of Psychology Postdoctoral and Internship Centers (APPIC) guidelines for recruitment and selection of interns including the policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant prior to Uniform Notification Day.

We need the following documents:

APPIC Uniform Application (available on the Internet at www.appic.org).

A resume or curriculum vita.

Official transcripts of graduate work. The transcripts should cover all post-baccalaureate course work.

Three letters of recommendation from professionals familiar with your academic and professional experiences.

Completed Interview Dates / Rotation Preferences Form.

The deadline for receipt of application materials is December 2, 2002.

Our procedure is to review each application in detail and invite 28 applicants for interviews. The customary agenda is for the applicants to meet with the Professional Chief and Director of Training as a

group. Each applicant meets with three different supervisors who are chosen based upon rotation preferences. Applicants meet with current residents as a group in a totally nonevaluative information sharing meeting. Finally, there is a general meeting among all applicants and supervisors. We encourage applicants to become familiar with our staff and setting to assist in the decision making process. Our practice is to make the 28 applicants, who are invited for interviews, our pool for the purpose of match day. That is, further reductions in the pool of applicants are unlikely.

If you are unable to be present for a scheduled interview date, we can arrange a conference call telephone interview. On site interviews on other than the specified dates will be less formal and be accommodated to the extent that they do not interfere with patient care duties.

The scheduled interview dates are:

Monday, January 6, Morning

Thursday, January 9, Afternoon

Tuesday, January 14, Afternoon

Friday, January 17, Morning

DIRECTIONS TO THE DAYTON DVAMC

I-70 runs east-west a few miles north of Dayton. I-75 bisects Dayton in a north-south direction and US 35 bisects Dayton in an east-west direction. The DVAMC is on the west side of Dayton. Visitors are advised to use US 35 west from I-75 (a new route that is not on some maps). Take US 35 west to Liscum Drive (second traffic light). The medical center is on the right. The Patient Tower is the only nine story building in the area. If you need further directions, lodging information, or have other questions, please feel free to call us. Also, a map is part of the Dayton VHA Medical Center Web Site at www.dayton.med.va.gov.

Our main offices are located on the 9th Floor, Room 9D-132 of the Patient Tower (Building 330). Parking is free throughout the Medical Center and ample parking is available on the south and west sides of the Patient Tower.

MATCH DAY

Match day for 2002 has yet to be determined. Immediately after learning the names of applicants with whom we have been matched, the DOT will send each two signed copies of a letter confirming the match. Each applicant will return one copy of the letter after signing it.

DESCRIPTION OF PSYCHOLOGY RESIDENCY SUPERVISORS

Aaronson, Arthur L.

Psy.D., clinical, 1988, Wright State University School of Professional Psychology.

Staff Psychologist, PTSD Residential Rehabilitation Program.

At VAMC-Dayton since 1988.

Licensed Psychologist, State of Ohio.

Professional Organizations: American Psychological Association (APA), Divisions 12-Clinical Psychology, 18-Psychologists in Public Service, 41-American Psychology-Law Society.

Research Interests: MMPI/MMPI-2 and using assessment instruments to predict outcome success.

Clinical Interests: assessment, psychopharmacology.

Theoretical Orientation: dynamic.

Arnott, Margaret I.C.

Ph.D., counseling, 2000, The Ohio State University

Staff Psychologist, PTSD Clinical Team

At VAMC-Dayton since 2000

Licensed Psychologist

Professional Organizations: American Psychologist Association (APA)

Research Interests: Quality of life issues in PTSD

Clinical Interests: group psychotherapy, assessment, marital therapy

Theoretical Orientation: Integrated

Best, Nicole

Psy.D. clinical, 1997, Wright State University School of Professional Psychology

Staff Psychologist, Geriatric Extended Care Line

At VAMC-Dayton since 1999

Licensed Psychologist, State of Ohio

Professional Organizations: American Psychological Association (APA), Ohio Psychological Association.

Research Interests: psychoneuroimmunology, cancer, psychology and spirituality, sports psychology and performance enhancement

Clinical Interests: geropsychology, psychological interventions with terminally ill patients, grief work, end of life issues, neuropsychology, health psychology, psycho-education, narrative therapy.

Theoretical Orientation: eclectic (common factors, cognitive-behavioral, existential, and psychodynamic conceptualizations)

Burgard, Jesse

Psy.D. clinical, 2000, Nova University.

Staff Psychologist, Primary Care Line.

At VAMC-Dayton since 2001.

Licensed Psychologist, State of Ohio & Florida.

Professional Organizations: American Psychological Association (APA)

Clinical Interests: chronic pain, primary care consultation, personality assessment, psychotherapy.

Theoretical Orientation: cognitive behavioral.

Graham, Rebecca L.

Ph.D., clinical, 1991, University of Louisville.

Staff Psychologist, Mental Health Primary Care.

At VAMC-Dayton since 1991.

Licensed Psychologist, State of Ohio.

Professional Organizations: Society for Personality Assessment.

Clinical Interests: personality assessment; brief psychodynamic psychotherapy; group therapy.

Theoretical Orientation: interpersonal/psychodynamic.

Harrison, Bruce E.

Ph.D., clinical, 1979, University of Houston.

Staff Psychologist, Mental Health Primary Care.

At VAMC-Dayton since 1979.

Licensed Psychologist, State of Ohio.

Professional Organizations: American Psychological Association (APA), Society for Personality Assessment.

Research Interests: individual differences and prediction from psychological tests.

Clinical Interests: personality functioning; vocational rehabilitation.

Theoretical Orientation: cognitive-existential.

Johnson, Dennis L.

Ph.D., clinical, 1975, University of North Dakota.

Staff Psychologist, Mental Health Primary Care.

At VAMC-Dayton since 1975.

Licensed Psychologist, State of Ohio.

Professional Organizations: American Psychological Association (APA); Dayton Area Psychological Association; Association of Humanistic Psychologists; National Register of Health Service Providers in Psychology; National Organization of VA Psychologists (NOVA Psi).

Research Interests: treatment methods and processes.

Clinical Interests: a range of psychotherapeutic processes including life changing, growth enhancing and long term therapies; psychological treatment and management of severe and chronic mental disorders; psychological impact of medical illness; adult development.

Theoretical Orientation: eclectic within a framework that is primarily existential/Gestalt/humanistic, but also utilizes concepts that are cognitive, Eriksonian, and psychodynamic.

O'Brien, William F.

Ph.D., counseling, 1975, Ohio State University.

Professional Chief, Psychology Service.

At VAMC-Dayton since 1984.

Licensed Psychologist, State of Michigan.

Professional Organizations: American Psychological Association (APA), Division 18-Psychologists in Public Service (officer); Association of VA Chiefs of Psychology (officer).

Research Interests: substance abuse; PTSD.

Clinical Interests: substance abuse; PTSD.

Theoretical Orientation: eclectic - client centered.

Papadakis, Emanuel A.

Psy.D., clinical, 1987, Wright State University School of Professional Psychology.

Staff Psychologist, Mental Health Primary Care.

At VAMC-Dayton since 1992.

Licensed Psychologist, States of Ohio and Indiana.

Professional Organizations: American Psychological Association (APA).

Research Interests: chronic illness; primary prevention.

Theoretical Orientation: biopsychosocial model; systems theory; solutions orientation.

Peterson, Frederick L. Jr.

Psy.D., clinical, 1985, Wright State University School of Professional Psychology.

Staff Psychologist, Primary Care / Health Psychology.

At VAMC-Dayton since 1985

Licensed Psychologist, State of Ohio.

Professional Organizations: AIDS Foundation of Miami Valley, American Association of Sex Educators, Counselors, and Therapists, American Board of Sexology, American Psychological Association (Div 51), American Lung Association.

Research Interests: Smoking cessation, organizational assessment and consultation, gender and management, HIV and volunteerism, sex education and therapy, sexual trauma, men's studies.

Clinical Interests: clinical sexuality, smoking cessation, health psychology, primary prevention in psychology, getting psychology out of the box.

Theoretical Orientation: psychological pragmatism.

Reinhard, Teresa A.

Psy.D., clinical, 1984, Wright State University School of Professional Psychology.

Staff Psychologist, Employee Assistance.

At VAMC-Dayton since 1984.

Licensed Psychologist, State of Ohio.

Professional Organizations: American Psychological Association (APA); Ohio Psychological Association; National Association of Neuro Linguistic Programming.

Research Interests: belief system change.

Clinical Interests: belief systems, organizational behavior.

Theoretical Orientation: cognitive behavioral.

Shorter, Sundra G.

Psy.D., clinical, 1990, Wright State University School of Professional Psychology.

Staff Psychologist, Polysubstance Rehabilitation Program.

At VAMC-Dayton since 1991.

Licensed Psychologist, State of Ohio.

Professional Organizations: American Psychological Association (APA); Ohio Psychological Association; Black Psychologists of Cincinnati.

Research Interests: minority issues, particularly African-Americans.

Clinical Interests: minority issues.

Theoretical Orientation: generalist.

Stegman, Robert L.

Ph.D., clinical, 1980, University of Missouri-Columbia.

Director of Training, Neuropsychologist

At VAMC-Dayton since 1987.

Licensed Psychologist, State of Ohio and Kansas.

Professional Organizations: American Psychological Association (APA), International Neuropsychological Society (INS), National Academy of Neuropsychology (NAN), American Academy of Forensic Examiners (AFCE).

Research Interests: neuropsychology, clinical prediction.

Clinical Interests: integrated approaches to assessment and treatment.

Theoretical Orientation: social learning theory with primarily a cognitive behavioral focus.

Verdaguer, Ramon

Ph.D., clinical, 1990, Loyola University of Chicago.

Staff Psychologist, Primary Care / Health Psychology.

At VAMC-Dayton since 1996.

Licensed Psychologist, State of Ohio and Illinois.

Professional Organizations: International Neuropsychological Society (INS), National Academy of Neuropsychology (NAN).

Research Interests: chronic pain and memory functions, malingering in neuropsychological assessment.

Clinical Interests: chronic pain, wellness and health promotion, neuropsychological assessment.

Theoretical Orientation: Cognitive-Behavioral

INTERVIEW DATES AND ROTATION PREFERENCES

Interview Dates

Please rank your preferred interview dates. We will contact you to arrange an interview.

	Morning	Afternoon
Monday, January 6	_____	
Thursday, January 9		_____
Tuesday, January 14		_____
Friday, January 17	_____	

Rotation Preferences

Please rank order three rotation preferences. Your preferences will be used to determine with whom you interview. When ranking, remember that all residents spend one day per week in the Mental Health Clinic.

Geropsychology	_____
Health Psychology / Primary Care	_____
Mental Health Primary Care	_____
Neuropsychology	_____
Polysubstance Rehabilitation Program	_____
PTSD Residential Rehabilitation Program	_____

If you wish a six month rotation, please note it below.

(name)

APPIC APPLICATION SUPPLEMENT
VHA MEDICAL CENTER
DAYTON, OHIO